

Placentia Yorba Linda Unified School District McKinney Vento Assistance Act Confidential Enrollment Form

ONLY COMPLETE IF ANY OF THE FOLLOWING APPLY.

***PLEASE CHECK IF THE FOLLOWING LIVING SITUATION APPLY TO THE STUDENT:**

_____ Living in a shelter or transitional housing (program code 100)

_____ Living in a hotel or motel (program code 110)

_____ Living with friends or relatives, or renting a room from another family, due to economic hardship, loss of housing, or similar reason (program code 120)

_____ Living in a campground, park, garage, or your car (program code 130)

If you and your family are living in one of the situations in the gray box above, complete this form only. Meal applications are not required if McKinney-Vento status is approved. You will be automatically qualified for free meals, once Nutrition Services is notified of McKinney Vento eligibility by the District Liaison. Other services may include access to tutoring and counseling, as well as help with school necessities such as school supplies, uniforms and backpacks.

This form assists school personnel in complying with the legal guidelines for school enrollment for children who meet the eligibility criteria for services provided under the McKinney-Vento Assistance Act (Title X, Part C of the No Child Left Behind Act).

Please list all PYLUSD students living in your home:

Name	Grade	Birthdate	School

Parent/Guardian Name _____ Unaccompanied Youth? Y N
 (Last Name) (First Name)

Address _____

Telephone Number () _____ or () _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Parent Signature: _____ Date: _____

For District Office Use Only

Food and Nutrition Services Fax # 714-528-5101 date: _____

Transportation Bus Pass issued? ___ yes ___ no date: _____

Backpack/School Supplies Issued? ___ yes ___ no date: _____

Christmas Gift Program Included? ___ yes ___ no date: _____

Tutoring Program Enrolled? ___ yes ___ no date: _____

McKinney Vento Liaison Signature: _____ date: _____

***School sites: Please copy this form and place into your McKinney Vento binder for later use. Send original to Jon Matson at the Assessment Center either by district mail, fax, or scan.**

School Year 2017-2018 Placentia-Yorba Linda Unified School District Application for Free and Reduced-Price Meals Complete one application per household. Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at www.PYLUSDNUTRITION.ORG. This institution is an equal opportunity provider. California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, separate serving lines, separate dining areas, or by any other means.

STEP 1 – STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last) EXAMPLE: Joseph P. Adams		Enter school name and grade level Lincoln Elementary	Enter student's birthdate 1st 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.	
				Foster	Homeless
				Migrant	Runaway
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type: CalFresh CalWORKs FDIPIR

Enter Case Number:

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often	Total Student Income	How Often
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often	Total Household Income	How Often
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

C. Total Household Members **D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member**

Check the box if NO SSN

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing this application:

Print Name:

Date:

Phone Number:

Mailing Address:

City:

State:

Zip:

E-mail:

DO NOT COMPLETE - SCHOOL USE ONLY

How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Size: Free Reduced-price Paid (Denied)

Verified as: Homeless Migrant Runaway

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White